1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10744 10747

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 7. Film G190 12-7-55 et

1. PLACE OF DEATH

COUNTY Charles — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Indian Head

LENGTH OF STAY (In this place) 2 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY Chas. X

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head (rural)

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Samuel (Last) Barlow

4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	July 19 1875	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Cabinet Maker	Va	U.S.

13. FATHER'S NAME Unk

14. MOTHER'S MAIDEN NAME Betty L. Dunn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	223-05-2343	Mrs Gladys Whitlock, Ind Hd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222 IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 55, to 11/25, 19 55, that I last saw the deceased alive on 11/24, 19 55, and that death occurred at 3 P.M, from the causes and on the date stated above.

SIGNATURE Truth Deason M.D. — **ADDRESS** (Street, city, town, state) Indian Head Md — **DATE SIGNED** 11-25-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
~~H-28-16~~	11-28-55	Oakwood Cemetery	Richmond Va

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/28/55	Julia H Bacon	Hunt Funeral Home, Wald

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10745 **CERTIFICATE OF DEATH** 10748

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Faulkner — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Faulkner
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) I. (Last) BATEMAN

4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	May 5 1875	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk	Unk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Dorothy Bowie, Faulkner Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 332 X
IMMEDIATE CAUSE (A) Left Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSE(S) DUE TO (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypostatic Pneumonia — 3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1955, to Nov 11, 1955, that I last saw the deceased alive on 11/11, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE William Kunz, M.D. ADDRESS (Street, city, town, state) La Plata Md. DATE SIGNED 11/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-14-55	Mt Rest Cemetery	La Plata, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11/14/55	Julia H. Posey	Hunt Funeral Home	Waldorf Md

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10749

10746 **CERTIFICATE OF DEATH**

Reg. Dist. No. 100

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: Charles — MARYLAND	LENGTH OF STAY (in this place):	STATE: Maryland — COUNTY: Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X La Plata		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): La Plata X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 66 Physicians Memorial Hospital		STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
		Cooksey	11 — 22 — 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	S	11/22/55	yrs.		40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Floyd Allen Cooksey	Jane Catherine Radcliffe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0 IMMEDIATE CAUSE (A) MECHANICAL STRANGULATION, UMBILICAL CORD — INTERVAL BETWEEN ONSET AND DEATH: 40 MIN.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) PRECIPITATE BREECH DELIVERY — INSTANTANEOUS

DUE TO (C) APNEA (DID NOT BREATHE AFTER BIRTH) — 40 MIN.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CARDIAC FAILURE — 40 min.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 11/22/55, to 11/22/55, that I last saw the deceased alive on 11/22/55, and that death occurred at 9:00 A.M. from the causes and on the date stated above.

SIGNATURE		ADDRESS (Street, city, town, state)	DATE SIGNED
John H. Griffin	M.D.	Hughesville Md.	11/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 23, 1955	Sacred Heart	La Plata Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11/22/55	Julia H Posey	Hunter Funeral Home	Waldorf, Md

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RECEIVED

NOV 25 1935

BUREAU V. S.

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INSTRUCTIONS

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10747 10750

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH

COUNTY: CHARLES — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): LA PLATA

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 66 PHYSICIANS MEMORIAL HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: Charles

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Waldorf

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) MABLE (Middle) (Last) DADE

4. DATE OF DEATH: (Month) NOV (Day) 16 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Colored	SINGLE	31 OCT 1920	35 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DOMESTIC		Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stanley DADE	Nettie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Geo. Stewart, Waldorf Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
472X	IMMEDIATE CAUSE	(A) HEART FAILURE	15 minutes
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) POST-PARTUM HEMORRHAGE	30 minutes
097X	DUE TO	(C) SYPHILIS	5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not white at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19 55, to 16 Nov, 19 55, that I last saw the deceased alive on 16 Nov, 19 55, and that death occurred at 10:25 P.M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. **ADDRESS** (Street, city, town, state) La Plata Maryland **DATE SIGNED** 16 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-21-55	St Peters Cemetery	Waldorf Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/21/55	Julia H Posey	Hoath Funeral Home Waldorf Md

1

INSTRUCTIONS

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VS-A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

10751

10748

CERTIFICATE OF DEATH

Items 8,9,11: film G 189 11-28-55 L

Reg. Dist. No. 100

1. PLACE OF DEATH

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Vroom (Last) DeMott

4. DATE OF DEATH (Month) Nov (Day) 12 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 10, 1891	64 yrs. 68	6	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Economist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Poorhees Sta. New Brunswick N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacques S. DeMott

14. MOTHER'S MAIDEN NAME Sarah F Cantelyon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Mrs Elva S. DeMott

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary artery - heart disease — 1 year

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED White at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to 12 Nov, 1955, that I last saw the deceased alive on 12 Nov, 1955, and that death occurred at 5:25 P.M, from the causes and on the date stated above.

SIGNATURE A B Woodard M.D. M.D. ADDRESS (Street, city, town, state) La Plata Md. DATE SIGNED 14 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/16/55	Cedar Hill	Suitland Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/15/55	Julia H Posey	Burkart Funeral Home Inc La Plata

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

10749 10752

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY in this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Pisgah) Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) WILLIAM (Last) HIGDON
4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-28-92
9. AGE last birthday: 63 yrs.
If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. CHAS Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LEWIS A. HIGDON
14. MOTHER'S MAIDEN NAME: SUSAN THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WORLD WAR I
16. SOCIAL SECURITY NO. 216-10-5873
17. INFORMANT AND ADDRESS: CATHERINE E. HIGDON (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval between onset and death: 11-25-55

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) SCLEROSIS — Jan 1953
(c) GEN ART

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide , undetermined*

SIGNATURE Medelen (Degree or title) MD ADDRESS LaPlata Md. DATE SIGNED 11-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 11-25-55
NAME OF CEMETERY OR CREMATORY Arlington Park
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 11-25-55
REGISTRAR'S SIGNATURE Mrs. E. Wills Posey
24. FUNERAL DIRECTOR W. H. Saunders ADDRESS Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

10750

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10753

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road — LENGTH OF STAY in this place — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Tommie) (Last) PHILLIPS

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-17-55

9. AGE last birthday: yrs. — If under 1 year: Months 2 — Days 3 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jakie Lee Phillips

14. MOTHER'S MAIDEN NAME: Annie Marie Dennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.3

Immediate cause (a) Unknown — Interval Between Onset and Death: 11-20-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Baby found dead in bed by parents 11-20-55

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Failed to thrive well

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Bryans Road — (COUNTY) Charles — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: A Eddleman (Degree or title) MD — ADDRESS: La Plata Md — DATE SIGNED: 11-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/21/55 — NAME OF CEMETERY OR CREMATORY: Bumpy Oak — LOCATION (City, town, or county) (State): Pomonkey Md

DATE RECD BY LOCAL REG.: 11/21/55 — REGISTRAR'S SIGNATURE: Jules H Posey — 24. FUNERAL DIRECTOR: Jake Lee Phillips — ADDRESS: Bryans Rd. Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

10751 10754

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Newport (rural) — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport (rural) X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MYRON (Middle) TIMOTHY (Last) PLATER,
4. DATE OF DEATH: (Month) NOV (Day) 7 (Year) 1955
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mar
8. DATE OF BIRTH May 1954
9. AGE last birthday 1 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Charles Co Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Curt Slater
14. MOTHER'S MAIDEN NAME Dorothy Hunters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Dorothy Slater Newport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Septicemia — Interval between onset and death: 12 hrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sore throat — 24 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓ Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
T. M. Johnson M.D. La Plata, Md. 7 Nov 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-9-55 — NAME OF CEMETERY OR CREMATORY St Mary's cemetery — LOCATION (City, town, or county) (State) Newport, Md

DATE REC'D BY LOCAL REG. 11-9-55 — REGISTRAR'S SIGNATURE M. L. Mowell — 24. FUNERAL DIRECTOR — ADDRESS Hewitt Funeral Home — La Plata, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

10752 10755

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) Ryon (Last) Posey

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 55

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 28, 1940 — 9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): D.C. — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. HOWARD Posey — 14. MOTHER'S MAIDEN NAME: EVELYN Ryon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Mrs. Audrey Moreland, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEMORRHAGE — 11-19-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) SERERENCE LEFT JUGULAR — 11-1955
(c) Auto Accident — 11-19-55

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway — (CITY OR TOWN) La Plata — (COUNTY) Charles — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11 19 55 10:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Auto accident - passenger

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) MD — ADDRESS: La Plata Md. — DATE SIGNED: 11-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/25/55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 11/23/55 — REGISTRAR'S SIGNATURE: Julia H Garey — 24. FUNERAL DIRECTOR — ADDRESS: Hyatt & Ryon, Waldorf, Md.

VS. A15A

10753

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10756

Item 18 3-41 4190 12-12-55 ers

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf (Rural)

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Charles

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Waldorf (Charles)

STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ann (Last) Roberson

4. DATE OF DEATH (Month) Nov. (Day) 25, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 25, 1955

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waldorf (Rural)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Garfield Roberson

14. MOTHER'S MAIDEN NAME: Martha Imogene Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Martha Imogene Ford Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: [illegible] Generalized deformity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: dwarf like with seven fingers & paper thin abd wall

(c)

INTERVAL BETWEEN ONSET AND DEATH: 11-25-55

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11-26-55 | NAME OF CEMETERY OR CREMATORY Brown Cemetery | LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 11-26-55 | REGISTRAR'S SIGNATURE M. L. Monroe

24. FUNERAL DIRECTOR Hintt Funeral Home ADDRESS Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH

10754 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10757

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS /

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print): (First) Rodger (Middle) L (Last) Rosier

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Feb 2 1914 — 9. AGE (last birthday): 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Farming — 11. BIRTHPLACE (State or foreign country): Charles Co Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ? — 14. MOTHER'S MAIDEN NAME: Annie Rosier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unkn — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Henry Rosier Bel Alton

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Hemorrhage	11-19-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractures of Skull	11-19-55
	(c) Pedestrian hit by auto	11-19-55
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, etc.): Highway 301 — (CITY OR TOWN): Bel Alton — (COUNTY): Chas — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 11 19 55 ~8 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☐ / — HOW DID INJURY OCCUR? Pedestrian hit by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒ Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: L Medlin (Degree or title: MD) — ADDRESS: La Plata Md — DATE SIGNED: 11-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-22-55 — NAME OF CEMETERY OR CREMATORY: St Thomas Manor — LOCATION (City, town, or county): Bel Alton — (State): Md

DATE REC'D BY LOCAL REG.: 11/21/55 — REGISTRAR'S SIGNATURE: Julia H Haney — 24. FUNERAL DIRECTOR: Linhart Funeral Home Inc — ADDRESS: La Plata Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12604

CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head
LENGTH OF STAY (in this place) 6 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Annie Ophelia Short

4. DATE OF DEATH: (Month) (Day) (Year) 11-4-55 19

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 9-4-1878

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Fred Greer

14. MOTHER'S MAIDEN NAME: Eliza Chun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Helen Carter (Grandaughter) Pisgah Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: One Month

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) General Arterio-Sclerosis — Indefinite

DUE TO

(C) Senility — Indefinite

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23-55 19.. , to 11-4-55 , 19....., that I last saw the deceased alive on 11-4-55 19.., and that death occurred at 12:15 AM, from the causes and on the date stated above.

SIGNATURE James E. Andrews M.D. ADDRESS Indian Head Md DATE SIGNED 11-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/9/55 — NAME OF CEMETERY OR CREMATORY Smith Chapel — LOCATION (City, town, or county) (State) Pisgah Md.

DATE REC'D BY LOCAL REGISTRAR 11/6/55 — REGISTRAR'S SIGNATURE Edey Bruce

24 FUNERAL DIRECTOR Johnson-Jenkins — ADDRESS 1702 12th St NW

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-58 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10755 **CERTIFICATE OF DEATH** 10758

Reg. Dist. No. 107

1. PLACE OF DEATH

COUNTY Charles — [redacted]

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give location) St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Charles

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata

STREET ADDRESS (If rural give location) X

3. NAME OF [redacted] (Type or Print) (First) Baby (Middle) Girl (Last) SIMMONS

4. DATE OF DEATH (Month) 11 (Day) 25 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				yrs.	Months	Days	Hours	Min.
F	W	S	11-25-55					25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	U.S.

13. FATHER'S NAME Thomas L. Simmons

14. MOTHER'S MAIDEN NAME Blanche Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Frances Simmons, Pisgah

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X IMMEDIATE CAUSE (A) PREMATURITY 1# 6½ oz — INTERVAL BETWEEN ONSET AND DEATH 11-25-55

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) E.D.C. 8-16-55 DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1955, to 11-25, 1955, that I last saw the deceased alive on 11-25, 1955, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

SIGNATURE E. J. Eddleman M.D. ADDRESS (Street, City, town, State) La Plata DATE SIGNED 11-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-27-55	St. Ignatius	Compton, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11/28/55	Julia A. Carey	The Hunt Funeral Home	La Plata, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

I-er 12 File 19 12-27-55 et

10756

CERTIFICATE OF DEATH

11891

Reg. Dist. No. 100

1. PLACE OF DEATH

COUNTY: Charles — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Faulkner

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Charles

CITY (If outside corporate limits, write RURAL and give nearest town) / TOWN: Faulkner

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) SHIRLEY (Middle) ANN (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	C	Single	8-16-55	yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Maryland	USA

13. FATHER'S NAME: George Hicks

14. MOTHER'S MAIDEN NAME: Mary Alice Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Alice Thomas, Faulkner, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Respiratory infection — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fractured femur at birth — all her life

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 19 55, to Nov. 10, 19 55, that I last saw the deceased alive on Nov. 8, 19 55, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE J. M. Johnson M.D. — **ADDRESS** (Street, city, town, state) La Plata, Md — **DATE SIGNED** 12-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-12-55	St. Marys	Newport, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
12/22/55	Julia H Posey	Arehart Funeral Home, La Plata, Md.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10759

10757 **CERTIFICATE OF DEATH**

Reg. Dist. No. 252

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (If hospital or institution) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Phys-Thera Hosp. Lat State

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue
STREET ADDRESS (If rural give location) 18x-2

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) OAKley (Last) TiPPett

4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	W	10-5-85	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Webster Tippett	Mary Handcock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	NO	Mrs Bernadette Simpson Charlotte Hall

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 1/2 IMMEDIATE CAUSE (A) C.A - Prostate — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. **I hereby certify** that I attended the deceased from 11-14, 1955, to 11-28, 1955, that I last saw the deceased alive on 11-28, 1955, and that death occurred at ... M. from the causes and on the date stated above.

SIGNATURE E. J. Edelen M.D. ADDRESS (Street, city, town, state) Leonardtown Md DATE SIGNED 11-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/1/55	Sacred Heart	Bushwood, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/30/55	Alan D. Hoover / Davis	Jos. C. Mattingley Leonardtown, Md.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10758 **CERTIFICATE OF DEATH** 10760

Reg. Dist. No. 100

1. PLACE OF DEATH

COUNTY CHARLES — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEECHLAND, POPES CREEK — LENGTH OF STAY (in this place) 40 years.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY CHARLES

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, POPES CREEK.

STREET ADDRESS (If rural give location) KEECHLAND FARM

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) CARLYLE (Last) TURNER

4. DATE OF DEATH (Month) NOV (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	4-27-1891	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BANKER		MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT H. TURNER	~~UNKNOWN~~ Mary Keech

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		218-14-3291	FRANK K. TURNER Popes CREEK Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) CORONARY thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) CORONARY ARTERY DISEASE — 4 YEARS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— 0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— M.		

22. I hereby certify that I attended the deceased from May, 1948, to 28 Nov, 1955, that I last saw the deceased alive on 28 Nov, 1955, and that death occurred at 12:08 M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
J. C. Wooddy.		La Plata. Md.	28 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12/1/55	TRINITY	NEWPORT MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
12/3/55	Julia H Posey	THE HUNTT FUNERAL HOME	Waldorf, Md.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10759 10761

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY: Charles. — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): La Plata.
LENGTH OF STAY (In this place): 36 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MASS. COUNTY: 58 x - 3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): New Bedford - rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Everett (Middle) A (Last) WHITE

4. DATE OF DEATH: (Month) NOV (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	US-white	Married.	8-26-1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER	Mechanical	MASS.	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alden White	ANNE Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		Mrs Bernice White New Bedford, Mass

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Cerebral vascular accident — 36 hrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
—		

22. I hereby certify that I attended the deceased from 26 Nov, 1955, to 27 Nov, 1955, that I last saw the deceased alive on 27 Nov, 1955, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] M.D. — ADDRESS (Street, city, town, state): La Plata. Md. — DATE SIGNED: 27 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11-28-55		New Bedford, Mass.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/28/55	Julia H Raney	The Hunt Funeral Home Waldorf, Md.